

NOV 04 2005

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

26

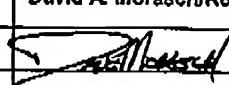
Application Number	10/698,848
Filing Date	10/31/2003
First Named Inventor	James Brennan
Group Art Unit	2683
Examiner Name	Congvan Tran
Attorney Docket Number	MN1-0014US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David A. Moracch/Reg. No. 42905
Signature	
Date	November 4, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Rebekah Glass
Signature	
	Date 11/04/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOV 04 2005

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

Application Number	10/698,848
Filing Date	10/31/2003
First Named Inventor	James Brennan
Examiner Name	Congvan Tran
Art Unit	2683
Attorney Docket No.	MN1 0014US

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____		
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0769	Deposit Account Name: Lee & Hayes, PLLC				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments					

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x 50 = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x 200 = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fee Paid (\$)

SUBMITTED BY		Registration No. 42905	Telephone (509) 324-9256
Signature			Date NOV 4, 2005
Name (Print/Type)	David A. Morasch		

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 10/698,848  
Filing Date ..... 10/31/2003  
Inventorship ..... Brennan et al.  
Applicant ..... Vivato Corporation  
Group Art Unit ..... 2683  
Examiner ..... Tran, Congvan  
Attorney's Docket No. ..... MN1-014US  
Title: Forced Beam Switching in Wireless Communication Systems having Smart  
Antennas

RESPONSE TO OFFICE ACTION DATED AUGUST 29, 2005

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

From: David A. Morasch Tel. 509-324-9256 ext. 210  
Customer # 29150 Fax 509-323-8979

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lee&amp;hayes

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